

SUPERIOR COURT OF CALIFORNIA, COUNTY OF INYO	
<p align="center">PEOPLE OF THE STATE OF CALIFORNIA</p> <p align="center">VS.</p> <p>DEFENDANT:</p>	
ANGER MANAGEMENT PROGRAM PROGRESS REPORT	CASE NUMBER:

1. ATTENDANCE

____ Satisfactory ____ Unsatisfactory

Classes attended: _____ Excused absences: _____ Unexcused absences: _____

2. PAYMENT OF FEES

Current _____ Past Due _____ Amount per session \$ _____ Amount past due \$ _____

3. ITEMS EVALUATED:

INDICATORS OF PROGRESS	Unknown	Never	Sometimes	Always
1. Recognizes own problematic thinking				
2. Takes personal accountability				
3. Indicates compassion for self-partner-victim				
4. Understands emotional impact of thinking				
5. Reports successful resolution of issues without escalating into anger or withdrawal.				
6. Takes responsibility for actions even when "provoked"				
7. Expresses regret for past violence and has intent and a plan to do better in the future				
8. Makes positive contributions in group: listens respectfully; makes relevant comments, offers support, and stays positive and aware of self and others.				
9. Follows directions.				
INDICATOR OF LACK OF PROGRESS	Unknown	Never	Sometimes	Always
1. Just "making time"				
2. Denial and/or justification of abusive behaviors				
3. Omits his role in relationship problems				
4. Blames others for abusive action taken				

4. PROGRESS (since last evaluation)

____ Satisfactory ____ Unsatisfactory (explain below): ____ Termination form being submitted

5. THIS COMPLETED FORM MUST BE RETURNED TO THE COURT OR PROBATION DEPARTMENT AS SPECIFIED ON THE DEFENDANTS ENROLLMENT VERIFICATION FORM.

Program Provider Name Program Provider Signature Date: _____